

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKNathanIEL Collins

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

C.O. Folduick C.O. AntongiorC.O. Reyes C.O. SantiagoSgt Scott C.O. GOMMONÉC.O. Childress NURSE RN. S. SanfordC.O. Morris

## COMPLAINT

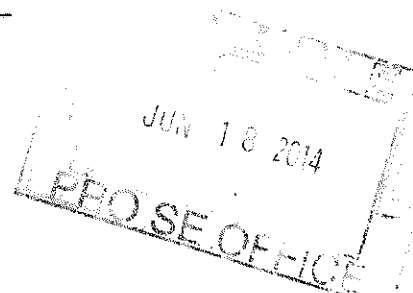
under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No

(check one)

14 CV

4533

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name NathanIEL R. Collins  
 ID # 13-A-4944  
 Current Institution SULLIVAN C.F.  
 Address P.O. Box 116  
Falls Burg NY 12733

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name C.O. Folduick Shield # \_\_\_\_\_  
 Where Currently Employed Howe State C.F.  
 Address Box F Red School House Rd  
Fish Kill NY 12524

Defendant No. 2 Name C.O. ANTONIO Shield # \_\_\_\_\_  
 Where Currently Employed DOWN STATE C.F.  
 Address Box F Red School House Rd  
FISHKILL NY 12524

Defendant No. 3 Name C.O. Reyes Shield # \_\_\_\_\_  
 Where Currently Employed DOWN STATE C.F.  
 Address Box F Red School House Rd  
FISHKILL NY 12524

Defendant No. 4 Name C.O. SANTIAGO Shield # \_\_\_\_\_  
 Where Currently Employed DOWN STATE C.F.  
 Address Box F Red School House Rd  
FISHKILL NY 12524

Defendant No. 5 Name Sgt SCOTT Shield # \_\_\_\_\_  
 Where Currently Employed DOWN STATE C.F.  
 Address Box F Red School House Rd  
FISHKILL NY 12524

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

DOWN STATE C.F.

B. Where in the institution did the events giving rise to your claim(s) occur?

Main Clinic

C. What date and approximate time did the events giving rise to your claim(s) occur?

11/12/13 about 7:PM

SHEET # 2 1) DEFENDANT'S

1) DEFENDANT NO. 6 C.O. MORRIS

WHERE CURRENTLY EMPLOYED → 1) OWN STATE C.F.

Address Box F Red School House R.I.  
FISH KILL N.Y. 12524

1) DEFENDANT NO. 7 (CO CHILDRESS)  
WHERE CURRENTLY EMPLOYED 1) OWN STATE C.F.  
Box F Red School House R.I.  
FISH KILL NY 12524

1) DEFENDANT NO. 8 CO GOMMON  
WHERE CURRENTLY EMPLOYED → 1) OWN STATE C.F.  
Box F Red School House R.I.  
FISH KILL N.Y. 12524

1) DEFENDANT NO. 9 RN NURSE LANTORD  
WHERE CURRENTLY EMPLOYED → 1) OWN STATE C.F.  
Box F Red School House R.I.  
FISH KILL NY 12524

D. Facts:

What happened to you?

On 11/12/13 I was Handcuff Beaten Repeatedly  
Kicked in my left leg thrown down the steps in Handcuffs  
Both of my wrists are Badly Broken and was  
Threatened if I say a word it would be my dead HURT

Who did what?

(Please see attached) <sup>VERY Badly</sup>  
Sheet #2, #3 (They THREATEN my life)

Was anyone else involved?

(Just the person's that listed above)

Who else saw what happened?

With all that was going on I only saw  
the Officer (above)

## III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

today date 2/23/14 MRI Right wrist  
still Broken (CASK going to have surgery) Left hand  
Bigger Finger (Needs Surgery)  
Left leg Badly Bruise from the kicking will Heal with Rest  
(CASK ON 4 Month Meds)  
still swollen (in wheel chair) (See Medical Records)

## IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  
Yes ☒ No ☐

# 2 Who did what to you? CO Folduck Once my hands were on the wall  
Wall C.O. Folduck put me in a head lock He was kicking me spit on me

C.O. ANTONGIO kick me in my nuts slap me punch me in my face

C.O. Reyes; C.O. SANTANA - they both were on each side of me  
Bending my WRISTS (while I'm in cuffs ) Bravely kicking me punching me  
in my face all the way to SHU from CLINIC Bending both  
WRISTS upward until they bled - laughing all the way saying  
lucky if this was ATTICA C.F. you be 1 read. (I've been to ATTICA C.F. TWICE NO PROBLEM

Sgt. SCOTT - watched while CO Reyes & C.O. SANTANA beat on me  
from CLINIC to SHU she was the look out They was kicking me  
from both sides left to right (They threaten me not to say nothing )

C.O. GOMMON - was then hitting me as well punches.

C.O. Childress - saw what C.O. Folduck has done then  
put cuffs on me punch me in the back of my head as well

R.N. S. LANFORD - Took my Blood Sugar (61) She knew it was low  
She address it with C.O. ANTONGIO this is when  
THE ASSULT By STAFF Occur she was BEATEN

Threw in SITU NO meds for my TYPE II diabetes that NO ONE  
THE NURSE knew it did NOT help me

#  
3 Sheet

who did what to you?

C.O. MORRIS was also punching me while I was in  
Hard Cuffs! And was kicking me also in my left "leg"



If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

DOWN STATE C.F. SULLIVAN C.F.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

DOWN STATE C.F.

1. Which claim(s) in this complaint did you grieve?

I was assaulted  
By STAFF

2. What was the result, if any?

Appeal to Superintendent to go to  
Albany F.G. has the GRIEVANCE (They are Six Month Behind,

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

(Again Please See ATTACHED)  
I was in Form From SULLIVAN C.F. GRIEVANCE (Super)  
That it is in Albany and they are Six Month  
(Behind this is wrong)

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

I did file GRIEVANCE  
Sub address it to SULLIVAN C.F. GRIEVANCE (Supv)  
HE (FAXED) it Back to JUDGE STATE C.F.  
GRIEVANCE (Supv) to go to Albany, I-G HAS it  
(Waiting for COR NO RESPONSE)

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I've spoken to GRIEVANCE (Supv) at SULLIVAN C.F.  
to FAX my GRIEVANCE Back to JUDGE STATE C.F.  
GRIEVANCE (Supv) to send to Albany

SULLIVAN C.F. GRIEVANCE (Supv) Call Albany to Check on  
GRIEVANCE of the

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

(Please see ATTACHED)

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I want to sue TITRASE OFFICER'S  
Individual, And OFFICIAL CAPACITY I want COMPENSATORY  
DAMAGES for Pain & Suffering in the 4 month CASK MRF  
Surfing Mental pain as well I have NIGHTMARES

PUNITIVE DAMAGES FROM C.O. REYES C.O. SANTIAGO Sgt SCOTT  
in the BEATING I've REC from Clinic to SHU  
with Sgt. SCOTT SCOTT watched.

3.4 Million COMPENSATORY DAMAGES

200,000 FROM C.O. REYES  
200,000 FROM C.O. SANTIAGO  
200,000 FROM C.O. FOLDWICK  
"PUNITIVE DAMAGES"  
FROM TITRASE OFFICERS


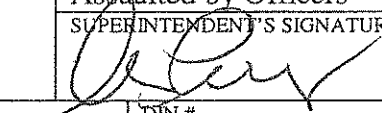
VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On  
these  
claims



 <p>STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  INMATE GRIEVANCE PROGRAM  SUPERINTENDENT</p>	GRIEVANCE NO. DSR 12.901-13	DATE FILED 11/22/13
	FACILITY Downstate Correctional Facility	POLICY DESIGNATION I
	TITLE OF GRIEVANCE Assaulted by Officers	CLASS CODE 49
	SUPERINTENDENT'S SIGNATURE 	DATE 11/27/13
GRIEVANT Collins, Nathaniel	DIN # 13A4944	HOUSING UNIT HS- IS- 02

Grievance is under investigation by I.G.

#### APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent, please sign below and return this copy to your inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal. Please state why you are appealing this decision to C.O.R.C.

#1 SOME OF THE OFFICERS THAT ASSAULTED ME WAS ON THE OUTSIDE TRAIL WITH ME NOW I'M IN DOWNSTATE HOSPITAL BEING TREATED, MY MAIL MY FOOD IS BEING PLAY WITH BY THESE OFFICERS (NO PHONE) I WANT THE TICKET DISMISSED NO ONE FROM I.G. OR I WANT OUT OF DOWNSTATE C.F. ASAP PUT IN G-P AT EASTERN C.F. OR SING SING TO SEE ME (FOR MEDICAL) 2/14/13

Nathaniel R. Collins  
Grievant's Signature

12/3/13  
Date

Grievance Clerk's Signature

Date

FORM 2133A (Rev. 2/89)

P.S. #2  
ON 11/12/13 I came to the Facility Type # 11/12/13 FINGER STIX WAS LOW (61) IT WAS THE NURSE JOB TO MAKE SURE I eat to get my sugar up she said tell the office (This is wrong) officer said I don't have shit for you I was beaten put in the SHU ON 11/12/13 almost died that night in the SHU  
This is wrong Ticket must be dismissed

Nathaniel Collins 13A4944  
SULLIVAN CORRECTIONAL FACILITY  
P.O. Box 116  
Falls Burg NEW YORK 12733

PLEASE  
FAX  
WITH  
GREIVANCE

December 27, 2013


1/OWNSHIP C.F.  
GREIVANCE (Supu)

RE: #2 Copy of GREIVANCE  
I've mailed to you BEFORE  
I went on DRAFT  
11/12/13

1/CO MS. WATSON

I'm writing to you in this important matter in which  
I've mailed you the GREIVANCE ON 11/12/13 BEFORE I  
WENT ON THE DRAFT. YOU CAME TO SEE ME IN  
THE HOSPITAL YOU SAID HOW BAD I WAS BREASTEN  
NOW THE GREIVANCE (Supu) HERE AT SULLIVAN C.F.  
IS FAXING YOU A COPY PLEASE FORWARD IT  
TO ALBANY THIS IS WRONG"

CC: Lawyer  
CC: File  
CC GREIVANCE S.C.F.

 <p>STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION</p>	Grievance Number DSR-12901-13	Desig./Code I/49	Date Filed 11/20/13
	Associated Cases		
	Facility Downstate (R) Correctional Facility		
INMATE GRIEVANCE PROGRAM CENTRAL OFFICE REVIEW COMMITTEE	Title of Grievance Assaulted By Officers		

4/30/14

**GRIEVANT'S REQUEST UNANIMOUSLY ACCEPTED IN PART**

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted only to the extent that CORC upholds the determination of the Superintendent for the reasons stated.

CORC notes that the grievant's allegations are being investigated by the Office of the Inspector General (IG) under #IAD-13-1737. CORC advises the grievant that he may write to the IG for information, and that any further action will be taken at the discretion of that office.

CORC notes that Directive #4040, § 701.1, states, in part, that the grievance program is not intended to support an adversary process, and asserts that monetary damages are not an available remedy through the inmate grievance mechanism.

CORC advises the grievant that he may initiate a Freedom of Information Law Request (FOIL) for consideration to obtain the documents he is requesting in accordance with existing Facility procedures.

With respect to the grievant's appeal, CORC notes that he has raised a separate issue in his appeal statement that was not addressed in his original complaint. This issue could be the subject of a separate grievance. CORC also notes that the disciplinary appeal mechanism afforded him the opportunity to remedy any factual or procedural errors in his report, and that the disposition was affirmed by the Office of SHU/Inmate Discipline on 2/21/14.

MPS/tll

DOWNSTATE C.F.  
GRIEVANCE  
JUN - 3 2014  
**RECEIVED**



STATE OF NEW YORK  
**DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION**  
THE HARRIMAN STATE CAMPUS – BUILDING 2  
1220 WASHINGTON AVENUE  
ALBANY, N.Y. 12226-2050

ANTHONY J. ANNUCCI  
ACTING COMMISSIONER

March 1, 2014

Mr. Nathaniel Collins, #13-A-4944  
Sullivan Correctional Facility  
325 Riverside Drive  
PO Box 116  
Fallsburg, NY 12733-0116


Dear Mr. Collins:

This is to acknowledge receipt of your correspondence dated February 24, 2014.

Please be advised that DSR-12901-13, alleging staff misconduct, is pending a CORC disposition. Further, you are advised that you may write directly to the Inspector General.

Directive #4040 provides inmates with an orderly, fair, simple and expeditious method of resolving grievances pursuant to the Correction Law. The Directive makes no provision for an inmate to refer grievances directly to Central Office.

Sincerely,

  
Karen Bellamy  
Director  
Inmate Grievance Program

KRB:tl

cc: Supt. Patrick Griffin, Sullivan C.F.  
Supv. Gary Ter Bush, Sullivan C.F. (w/attachment)

Nathanial Collins 13-A-4944  
SULLIVAN C.F.  
P.O. Box 116

Falls Burg, New York 12733. (F.O.I.L. # 14-0165)

CENTRAL OFFICE REVIEW COMMITTEE  
THE HARRIMAN STATE CAMPUS BUILDING #2  
1220 WASHINGTON AVE  
ALBANY, NEW YORK 12226

FEB. 24, 2014

RE: What's the STATUS  
ON my F.O.I.L. / GRIEVANCE  
FOR All Photo's I.G. Reports  
Outside Medical Document's  
FROM I.G. AND GRIEVANCE  
FROM CORC

1/11 C.O.R.C (Supr)

GRIEVANCE # 1) SR 12,901-1

I'm writing to you in the SERIOUS Matter  
In which I was assaulted By staff On 11/12/13 at  
JUNIOR STATE C.F. I've Filed AN GRIEVANCE # 1) SR 12,901-13  
in NOV-DEC 2013 against the Superintendent at JUNIOR STATE C.F.  
to be sent to the office On the GRIEVANCE STATED I.G. is  
Investigating NO Response I want to know what's the status

Because I was in a wheel Chair I have a Cash on for 4 Month  
now does the office have my GRIEVANCE And I want  
I.G. to Come See Me very Important  
Was done Medical Report will not be a GREAT WRAY  
cc: lawyer  
CL: File

Nathaniel R. Collins 13-A-4944  
SULLIVAN C.F.

P.O. Box 116

Falls Burg, New York 12733

Inspector General  
INTERNAL Affairs Unit  
1220 Washington Ave  
STATE Camp Bully #2  
Albany, New York 12226

March 24, 2014

RE: I was assaulted By STAFF  
On 11/12/13 Against Come to see me  
Once I need to know what  
going On (I'm in Pain)

To whom it may Concern  
I'm writing to you in this Serious Matter in which I was Assaulted  
By STAFF at 1 JUNE STATE C.F. On 11/12/13 I've submitted  
a GRIEVANCE # 153 12,901-13 and I was and still waiting I was  
Informed it on Our going Forward But NO One has Come  
to speak to me Only Once Now I've been in the Hospital  
for 10 days 1 JUNE STATE C.F. In February 10 days My Right wrist is Broken  
Cast On for 4 Months Now I will need Surgery These officers  
was wrong I want to press Charges against them all  
"Now" I'm Requesting That Some One Come to see me know what  
going On I want my presence From C.O.R.C. office as well  
A Great wrong was done Medical Report do not lie (waiting)



Nathaniel R. Collins 13-A-4944  
Sullivan C.F.  
P.O. Box 116  
Fallsburg, New York 12733

Inspector General  
Dept of BUREAU of Labor Relations  
1220 Washington Ave  
State Campus Bldg #2  
Albany, New York 12226

March 24, 2014  
RE: I was Assaulted By Staff  
On 11/12/13 at State C.F. Agent  
Came to see me Once I need to know  
What's going On (In in in)

10. When it may Concern  
I'm writing to you in the Serious Matter in which I was  
Assaulted By Staff at State C.F. On 11/12/13  
I've have a broken wrist Been in the Hospital for 8 1/2 days  
The Pain for 10 1/2 days Outside Hospital as well. Now I have  
a Cast On for 4 months. Now I want to File Criminal  
Charges Against Those Officers that has done this  
To me. Requesting to speak to Someone as soon as possible  
What was done to me Must Not Go Unpunished.  
Medical Records Photos Do Not Lie  
CC: Lawyer  
CC: File  
CC: Facebook UTube

Nathaniel Collins 13-A-4944  
Sullivan C.F.  
P.O. Box 116  
Fallsburg, New York 12733

March 3, 2014

Re: F.O.I.L. FOR  
U.I. Report to AND FROM  
Photos of 1 document's  
Dtd 11/12/13 - 11/13/13

1 JOURNAL STATE C.T.  
F.O.I.L. OFFICE (Supt.)  
Box F Red School House Rd.  
Fishkill, NY 12524

To: Whom it may concern I'm writing to you in the Seniors Matter  
under F.O.I.L. for U.I. - Report for Mrs. Belton Report  
On 11/12/13 at 7:45 PM at JOURNAL STATE C.T. again I'm  
Requesting ALL documents <sup>AT 12:00 (Supt.)</sup> for the case  
U.I. Reports on the said 1 photo and two BICOMAT  
it does not take the long to forward those 1 document's  
Requests under F.O.I.L. to obtain these Report.

cc Lawyer  
cc: File  
cc: Family

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?  
Yes ☒ No \_\_\_\_\_

On  
other  
claims

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No ☒

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of February, 2014.

Signature of Plaintiff

Inmate Number

Institution Address

Matthew L. Collins  
13-A-4944  
SULLIVAN C.F.  
P.O. Box 116  
Falls Burg NY  
12733

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 23 day of February, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Matthew L. Collins